

PROFESSIONAL CONSULTANT DATA SHEET

1. Firm Name/Business Address: _____ Date: _____

2. Contact Person for Firm:

Name: _____ Telephone No. _____
Fax No. _____
e-mail address _____

3. Type of Professional Services Offered:

- | | |
|--|---|
| <input type="checkbox"/> GEOTECHNICAL/SOILS | <input type="checkbox"/> TRAFFIC/TRANSPORTATION |
| <input type="checkbox"/> SURVEYING/GIS/CADD | <input type="checkbox"/> CIVIL ENGINEERING |
| <input type="checkbox"/> HYDROLOGY | <input type="checkbox"/> ENVIRONMENTAL |
| <input type="checkbox"/> COASTAL ENGINEERING | <input type="checkbox"/> COST ESTIMATING |
| <input type="checkbox"/> CONTRACT ADMINISTRATION | <input type="checkbox"/> INSPECTION SERVICES |
| <input type="checkbox"/> WASTEWATER ENGINEERING | <input type="checkbox"/> ARCHITECT |
| <input type="checkbox"/> WATERWORKS ENGINEERING | <input type="checkbox"/> STRUCTURAL ENGINEERING |
| <input type="checkbox"/> OTHER: _____ | |

4. Personnel Data: Total number of employees: _____
Number of Professional Engineers: _____
Number of Technical Engineers: _____

5. Project Data (within the past five years):

Construction Cost Range

\$10,000 - \$100,000
\$100,000 - \$1,000,000
\$1,000,000 - 10,000,000
\$10,000,000 and above

Number of Projects

Type of Client

Cities
Counties
State of California
Federal government
Private
Other

Number of Projects

6. Specify Type of Ownership:

- ☐ Small Business
☐ Minority Owned Business
☐ Woman Owned Business